

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**CREDIT FOR DAMAGED ALCOHOLIC LIQUORS
OR RETURN TO MANUFACTURER**

L-AL-105-CM

(Rev. 12/1/11)

4120

Supplementary Form - Attach to Form L-101
Liquor Wholesalers' Monthly Report

FEIN _____ File Number _____ For Month of _____

Name _____

Town or City _____

	Number Cases	Number Bottles
24/500 ml.	_____	_____
12/750 ml.	_____	_____
24/375 ml.	_____	_____
12/1 Liter	_____	_____
6/1.75 Liter	_____	_____
48/200 ml.	_____	_____
120/50 ml.	_____	_____
192/50 ml.	_____	_____
144/50 ml.	_____	_____
96/50 ml.	_____	_____
72/50 ml.	_____	_____
Standard Cases	_____	_____
_____	_____	_____

Attention: Please complete a separate form L-AL-105-CM and attach a copy of the bill of lading if liquor is returned to manufacturer.

STATE OF SOUTH CAROLINA

County of _____

I, _____, _____ of the firm of _____

Swear (or affirm) that the information contained herein is to the best of my knowledge and belief true and correct.

Sworn to and subscribed before me this

_____ day of _____, year of _____

(Deponent)

(Notary Public for S.C.)

Note: Please attach original copy to your Liquor Wholesaler's Monthly Report.

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